



ILLINOIS DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the state of Illinois.

Illinois At-a-Glance:

- The number of meth lab seizure incidents in the state of Illinois increased 103%, from 394 incidents in 2007 to 799 incidents in 2012.
Source: El Paso Intelligence Center's National Seizure System (EPIC-NSS)
- In 2011, approximately 8.55 percent of Illinois residents reported past-month use of illicit drugs; the national average was 8.82 percent.
Source: National Survey on Drug Use and Health 2009-2010.
- The rate of drug-induced deaths in Illinois is below the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Illinois, although in 2010 35 percent of drug treatment admissions in Illinois were for heroin.

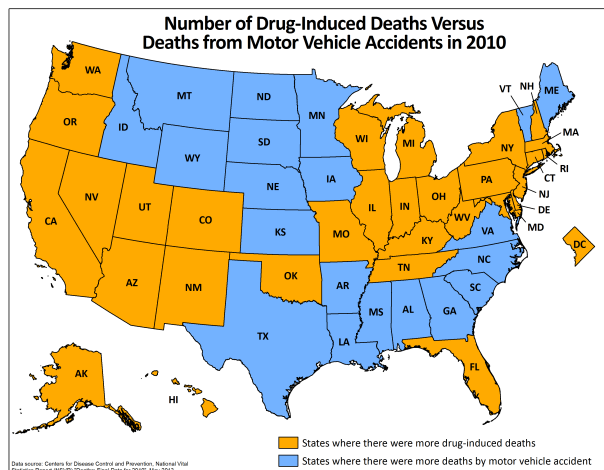
Drug Use Trends in Illinois

Drug Use in Illinois: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 8.55 percent of Illinois residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 3.06 percent of Illinois residents reported using an illicit drug other than marijuana in the past month (the national average was 3.33 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health: <http://store.samhsa.gov/shin/content/SMA11-4641/SMA11-4641.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 1,344 persons died in Illinois in 2010. This is compared to the number of persons in Illinois who died from motor vehicle accidents (1,033) and firearms (1,064) in the same year. Illinois drug-induced deaths (10.5 per 100,000 population) were lower than the national rate (12.9 per 100,000).

Source: WONDER online databases: <http://wonder.cdc.gov/cmfi-icd10.html>

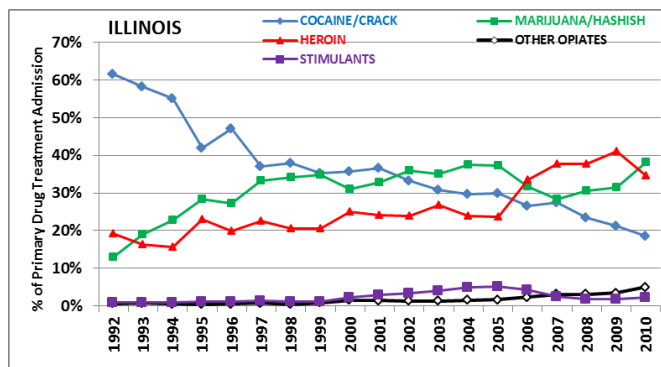


Substance Abuse Treatment Admissions Data

Illinois Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in Illinois from 1992 to 2010. The data show marijuana, followed by heroin, is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://www.samhsa.gov/data/DASIS.aspx#teds> Note: The Treatment Episode Data Set (TEDS) only displays data from 1992-2010 for Illinois

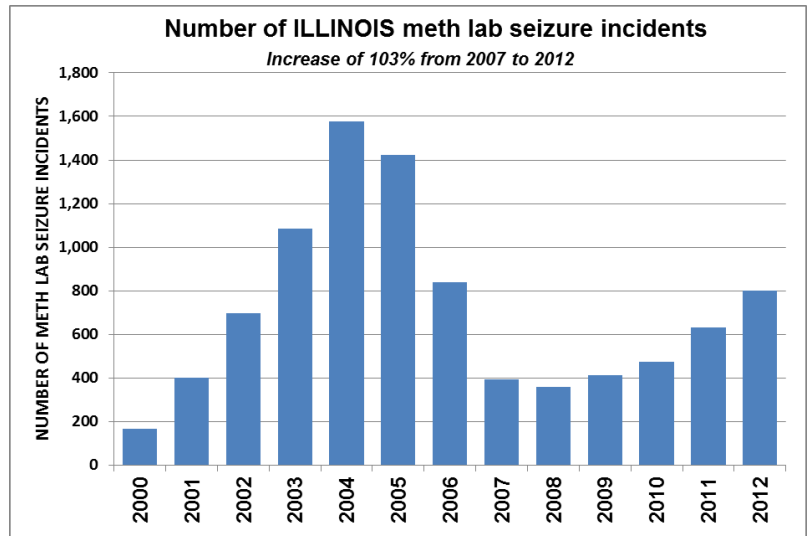


Methamphetamine Lab Seizure Data

Methamphetamine Lab Seizure Incidents:

Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing”, which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 85% between 2007 and 2012. Meth lab seizures in Illinois have exceeded this nationwide trend, rising 103% from 2007 to 2012.

Source: EPIC, NSS, extracted 7/7/2013.



Innovative State Programs

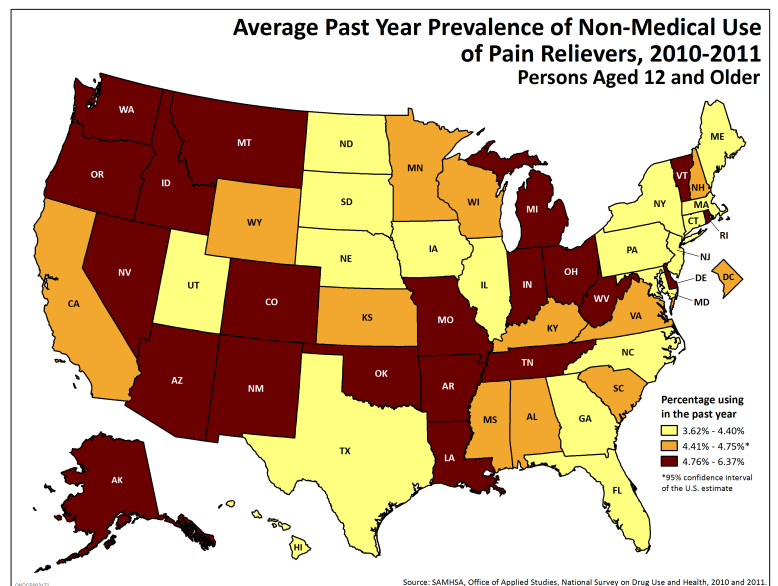
Treatment Alternatives for Safe Communities

Treatment Alternatives for Safe Communities (TASC) offers a state-level model for how intensive case management of drug offenders might work to reduce crime and incarceration and support reentry programs. In Illinois as well as many other states and localities, governments have provided access to treatment as an alternative to prison for nonviolent offenders with substance abuse or dependence disorders. If clients meet eligibility criteria under the statute, TASC conducts an assessment of their criminal justice history, the nature and extent of addiction, readiness for treatment, and likelihood of treatment success. Through a specialized system of clinical case management, TASC initiates and motivates positive behavior change and long-term recovery for individuals in criminal justice, corrections, juvenile justice, child welfare, and public aid systems.

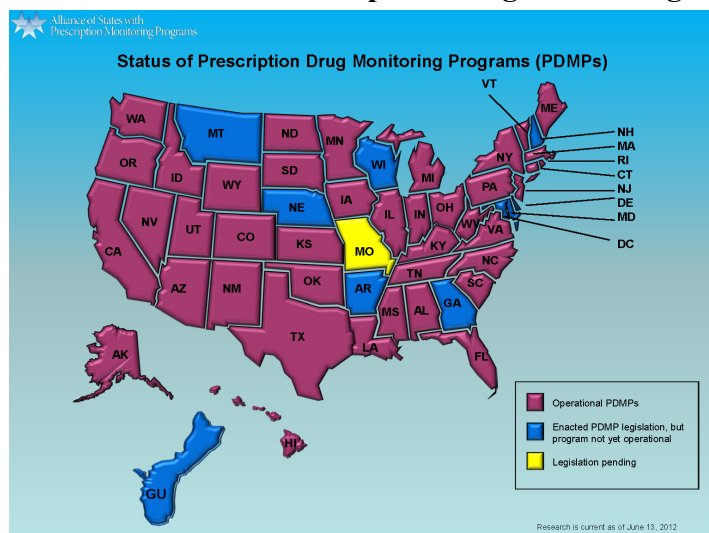
Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled **“Epidemic: Responding to America's Prescription Drug Abuse Crisis,”** provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)



PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The **Illinois Prescription Monitoring Program** monitors controlled substances in Schedules II, II, IV, and V. Data are reported on a weekly basis by retail pharmacies dispensing in Illinois and is viewable for six months and kept on record for two years. The Prescription Monitoring Program became operational in 1968 and is part of the Department of Health and Human Services.

Source: Illinois Prescription Information Library: <https://www.ilpmp.org/#>

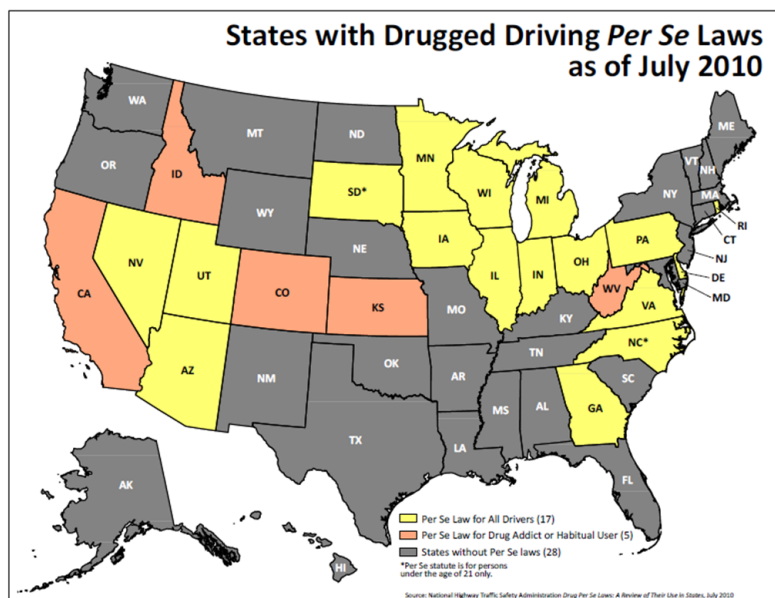
State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.

Illinois has a *Per Se* standard for drugged driving. Sec. 11 501 of the Illinois Compiled Statutes prohibits driving while under the influence of alcohol, other drug or drugs, intoxicating compound or compounds or any combination. Required Proof: While driving, the defendant was under the influence of an intoxicating compound or other drug, or a combination and that influence rendered the defendant incapable of safely driving. Proof can also be found if while driving, the defendant had any amount of cannabis, methamphetamine, or intoxicating compound in his/her blood or urine. Legal entitlement to use the drug or compound is not a defense. Refusal to submit to a drug test is admissible in civil and criminal cases.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including those in Native American and Alaska Native communities) to young people about drug abuse and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2013, the following Illinois coalitions received grants from ONDCP:

- McHenry County Substance Abuse Coalition
- Chicago Heights South Suburban Family Wellness Alliance
- Link Together Coalition
- West Garfield Park Stakeholders
- Grand Blvd Prevention Initiative Coalition
- Dekalb County Partnership for a Safe, Active and Family Environment
- Brighton Park Drug-Free Community Coalition
- Community Partners Against Substance Abuse
- Maine Community Youth Assistance Foundation
- Wilmington Coalition for a Healthy Community
- Evanston Substance Abuse Prevention Council (ESAPC)
- SPEAK UP! Prevention Coalition
- Knox County Substance Abuse Prevention Coalition
- Mundelin STAND-UP Taskforce
- Asian Health Coalition of Illinois
- Alton Youth Development Strategy Partnership (AYDSP)
- Kewanee Community Drug and Alcohol Task Force
- Orthodox Christian Coalition for Healthy Youth-Greater Chicago
- Tazewell Teen Initiative
- Lake County Underage Drinking Prevention Task Force
- Edward County Project Success

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Illinois:

Chicago HIDTA: Cook (including the City of Chicago), Grundy, Kendall, and Will counties.

- The Cook County Criminal Intelligence Unit Pilot Initiative was formed to maximize the gathering, coordination and dissemination of crime related intelligence garnered from incarcerated inmates of the Cook County Jail, one of the largest single site detention facilities in the United States, with an average daily population of approximately 9700. Intelligence is gathered from inmates regarding violent crimes, drug trafficking, and gang activity both inside and outside the jail.
- The Chicago HIDTA / Chicago OCDETF Strike Force “Joint Operations Center” (JOC) was designed in 2012 to foster cooperation among agency participants. Joining the two law enforcement entities allowed for the opportunity to leverage both their considerable assets to achieve successful outcomes in similar missions and goals.

Midwest HIDTA: Rock Island county

- The Midwest HIDTA office and Intelligence Support Center operate out of Kansas City, Missouri. The HIDTA encompasses 72 counties in seven States: Missouri, Illinois, Kansas, Nebraska, Iowa, North Dakota, and South Dakota.
- The HIDTA program enhances and facilitates the coordination of regional drug-control efforts among local, state, and Federal law enforcement agencies to eliminate or reduce drug trafficking in critical market areas. The HIDTA program coordinates interagency efforts to reduce the production, manufacturing, distribution, transportation, and money laundering of drug proceeds, and it funds task force teams that target the most significant drug threats in their areas.

Federal Grant Awards Available to Reduce Drug Use in the State of Illinois

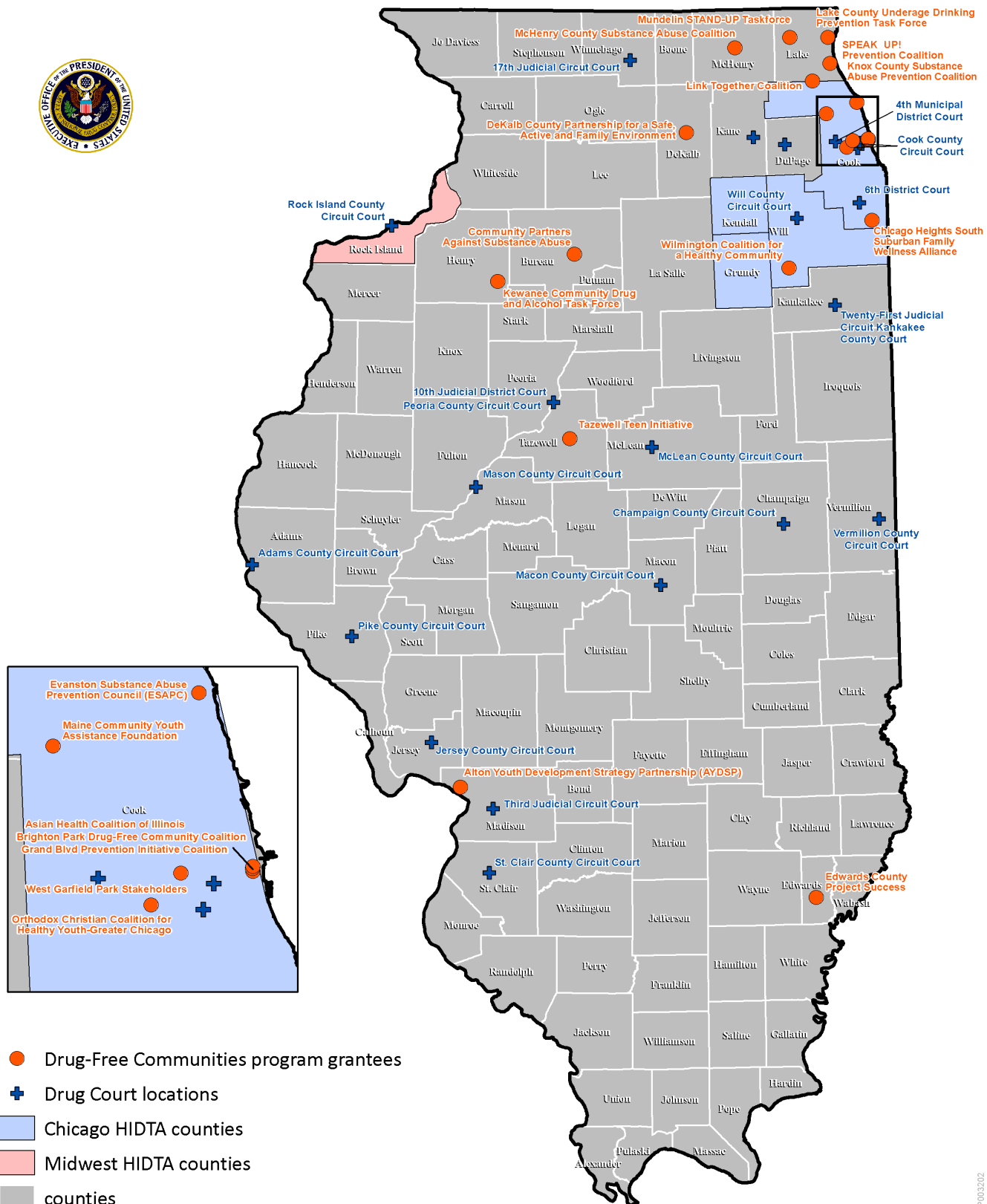
The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of IL	
Department / Office / Program Name	2012
Department of Agriculture	\$ 12,017,224
National Institute of Food and Agriculture	
Cooperative Extension Service	\$ 12,017,224
Department of Education	\$ 51,301,016
Office of Elementary and Secondary Education	
Safe and Drug-Free Schools and Communities National Programs	\$ 1,003,467
Twenty-First Century Community Learning Centers	\$ 50,297,549
Department of Health and Human Services	\$ 307,574,983
Administration for Children and Families	
Enhance Safety of Children Affected by Substance Abuse	\$ 999,799
Promoting Safe and Stable Families	\$ 14,591,539
Transitional Living for Homeless Youth	\$ 1,175,436
Centers For Medicare and Medicaid Services	
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$ 120,113,958
Indian Health Service	
Urban Indian Health Services	\$ 228,780
National Institutes Of Health	
Alcohol Research Programs	\$ 14,946,254
Drug Abuse and Addiction Research Programs	\$ 44,649,596
Substance Abuse and Mental Health Services Administration	
Block Grants for Prevention and Treatment of Substance Abuse	\$ 69,343,892
Projects for Assistance in Transition from Homelessness (PATH)	\$ 2,937,000
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$ 27,150,160
Substance Abuse and Mental Health Services-Access to Recovery	\$ 3,389,232
Prescription Drug Monitoring Program Electronic Health Record (EHR) Integration	\$ 450,000
Health Resources and Services Administration	
Healthy Start Initiative	\$ 7,599,337
Department of Housing and Urban Development	\$ 100,556,358
Community Planning and Development	
Emergency Shelter Grants Program	\$ 6,181,619
Emergency Solutions Grant Program	\$ 7,035,924
Shelter Plus Care	\$ 15,594,839
Supportive Housing Program	\$ 71,743,976
Department Of Justice	\$ 21,778,662
Office of Justice Programs	
Drug Court Discretionary Grant Program	\$ 582,000
Edward Byrne Memorial Justice Assistance Grant Program	\$ 11,748,953
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	\$ 257,227
Harold Rogers Prescription Drug Monitoring Program	\$ 400,000
Juvenile Accountability Block Grants	\$ 971,463
Juvenile Justice and Delinquency Prevention Allocation to States	\$ 865,895
Juvenile Mentoring Program	\$ 6,037,050
Project Safe Neighborhoods	\$ 650,000
Residential Substance Abuse Treatment for State Prisoners	\$ 266,074
Department of Labor	\$ 8,557,364
Employment and Training Administration	

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of IL	
Department / Office / Program Name	2012
Reintegration of Ex-Offenders	\$ 3,429,808
Youthbuild	\$ 5,127,556
Department of Transportation	\$ 4,602,679
National Highway Traffic Safety Administration	
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$ 4,602,679
Department of Veteran's Affairs	\$ 4,430,346
Veterans Health Administration	
VA Homeless Providers Grant and Per Diem Program	\$ 4,430,346
Executive Office of The President	\$ 8,315,242
Office of National Drug Control Policy	
Drug-Free Communities Support Program Grants	\$ 2,611,067
High Intensity Drug Trafficking Areas Program	\$ 5,704,175
Grand Total	\$ 519,133,874

File updated 08/01/13.

Office of National Drug Control Policy Programs in Illinois and Drug Court Locations



Source: National Drug Court Institute and ONDCP, August 2013